

# **Annual Report - Independent Living Services For Older Individuals Who Are Blind**

## **RSA-7-OB for Missouri Rehabilitation Services for the Blind - H177B170025 report through September 30, 2017**

### **Instructions**

#### **Introduction**

The revised ED RSA-7-OB form incorporates revisions to the four established performance measures for the Independent Living Services for Older Individuals who are Blind (IL-OIB) program. Added in 2007, these measures aim to better reflect the program's impact on individual consumers and the community.

Added to capture information that may be required to meet GPRA guidelines, the performance measures can be found under Part VI: Program Outcomes/Performance Measures as follows:

#### **Measure 1.1**

Of individuals who received AT (assistive technology) services and training, the percentage who regained or improved functional abilities previously lost as a result of vision loss.

#### **Measure 1.2**

Of individuals who received orientation and mobility (O & M) services, the percentage who experienced functional gains or maintained their ability to travel safely and independently in their home and/or community environment.

#### **Measure 1.3**

Of individuals who received services or training in alternative non-visual or low vision techniques, the percentage that experienced functional gains or were able to successfully restore and maintain their functional ability to engage in their customary life activities within their home environment and community.

#### **Measure 1.4**

Of the total individuals served, the percentage that reported that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services.

Revisions to these established program performance measures consists of the following additional five items:

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only)

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)

### **Submittal Instructions**

OIB grantees are expected to complete and submit the 7-OB Report online through RSA's website (<https://rsa.ed.gov>), unless RSA is notified of pertinent circumstances that may impede the online submission.

To register with RSA's MIS, please go to <https://rsa.ed.gov> and click on *Info for new users*. The link provides instructions for obtaining an agency-specific username and password. Further instructions for completing and submitting the 7-OB Report online will be provided upon completion of the registration process.

OIB grantees submitting the 7-OB Report online are not required to mail signed copies of the 7-OB Report to RSA, but they must certify in the MIS that the signed and dated 7-OB Report and lobbying certification forms are retained on file.

The Report submittal deadline is no later than December 31 of the reporting year.

### **Part I: Funding Sources for Expenditures And Encumbrances — Instructions**

Please note: Total expenditures and encumbrances for direct program services in Part I (C) must equal the total funds spent on service in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

- TITLE VII-CHAPTER 2 FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of your Title VII-Chapter 2 Grant Award for the reported Federal Fiscal Year (FY).
- OTHER FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of any other federal grant award you received for the reported fiscal year
- TITLE VII-CHAPTER 2 CARRYOVER FROM PREVIOUS YEAR - Enter any chapter 2 grant carryover amount from the previous FY that was expended or encumbered in the reported FY.
- OTHER FEDERAL GRANT CARRYOVER FROM PREVIOUS YEAR - Enter any other federal grant carryover amount from the previous FY that was expended or encumbered in the reported FY from previous year

#### **A. Funding Sources for Expenditures and encumbrances in reported fy**

A1. Enter the total amount of Title VII-Chapter 2 funds *expended or encumbered* during the reported FY. Include expenditures or encumbrances made from both carryover funds from the previous FY and from the reported FY grant funds.

A2. Enter the total of any other federal funds *expended or encumbered* in the Title VII-Chapter 2 program during the reported FY. Designate the funding sources and amounts in (a) through (e).

A3. Enter the total amount of state funds *expended or encumbered* in the Title VII - Chapter 2 program. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A4. Enter the total amount of third party contributions including local and community funding, non-profit or for-profit agency funding, etc. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A5. Enter the total amount of in-kind contributions from non-federal sources. Include value of property or services that benefit the Title VII-Chapter 2 program (e.g. the fairly evaluated documented value of services, materials, equipment, buildings or office space or land).

A6. Enter the total matching funds (A3 + A4 + A5). *Reminder:* The required non-federal match for the Title VII-Chapter 2 program is not less than \$1 for each \$9 of federal funds provided in the Title VII-Chapter 2 grant. Funds derived from or provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of non-federal contributions.

A7. Enter the total amount of all funds expended and encumbered (A1 + A2 + A6) during the reported fiscal year.

**B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs**

Enter the total amount of expenditures and encumbrances allocated to administrative, support staff, and general overhead costs. Do not include costs for direct services provided by agency staff or the costs of contract or sub-grantee staff that provide direct services under contracts or sub-grants. If an administrator spends a portion of his or her time providing administrative services and the remainder providing direct services, include only the expenditures for administrative services.

**C. Total expenditures and encumbrances for direct program services**

Enter the total amount of expenditures and encumbrances for direct program services by subtracting line B from line A7.

**Part II: Staffing — Instructions**

Base all FTE calculations upon a full-time 40-hour workweek or 2080 hours per year. Record all FTE assigned to the Title VII-Chapter 2 program irrespective of whether salary is paid with Title VII-Chapter 2 funds.

**A. Full-time Equivalent (FTE) Program Staff**

A1. Under the “Administrative & Support” column (A1a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers,

drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from the State agency. (For example, if 20% or 8 hours per week of a staff person's time were spent on administrative and support functions related to this program, the FTE for that staff person would be .2). Under the "Direct Services" column (A1b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, drivers for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from the State agency. If administrative or support staff of the State agency also provide direct services, report the FTE devoted to direct services in the "Direct Services" column (A1b). (For example, if 80% of a staff person's time were spent in providing direct services, the FTE for that person would be 8). Finally, add across the "Administrative & Support" FTE (A1a) and "Direct Service" FTE (A1b) to enter the total State agency FTE in the TOTAL (A1c) column.

A2. Under the "Administrative & Support" column (A2a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from contractors or sub-grantees. Under the "Direct Services" column (A2b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, driver for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from contractors and sub-grantees. If administrative staff of the contractors or sub-grantees also provides direct services, report the FTE devoted to direct services in the "Direct Services" column (A2b). Finally, add across the "Administrative & Support" FTE (A2a) and "Direct Service" FTE (A2b) to enter the total contractor or sub-grantee FTE in the TOTAL (A2c) column.

A3. Add each column for A1 and A2 and record totals on line A3.

#### **B. Employed or advanced in employment**

B1. Enter the total number of employees (agency and contractor/sub-grantee staff) with disabilities (include blind and visually impaired not 55 or older), including blindness or visual impairment, in B1a. Enter the FTE of employees with disabilities in B1b. (To calculate B1b, add the total number of hours worked by all employees with disabilities and divide by 2080 to arrive at the FTE)

B2. Enter the total number of employees (agency and contractor/sub-grantee staff) who are blind or visually impaired *and* age 55 and older in B2a. Enter the FTE of employees who are blind or visually impaired *and* age 55 or older in B2b. (To calculate B2b, add the total number of hours worked by employees who are blind or visually impaired *and* age 55 and older and divide by 2080 to arrive at the FTE)

B3. Enter the total number of employees (agency and contractor/sub-grantee staff) who are members of racial/ethnic minorities in B3a. Enter the FTE of employees who are members of racial/ethnic minorities in B3b. (To calculate B3b, add the total number of hours worked by employees who are members of racial/ethnic minorities and divide by 2080 to arrive at the FTE)

B4. Enter the total number of employees (agency and contractor/sub-grantee staff) who are women in B4a. Enter the FTE of employees who are women in B4b. (To calculate B4b, add the total number of hours worked by women and divide by 2080 to arrive at the FTE)

B5. Enter the total number of employees (agency and contractor/sub-grantee staff) who are ages 55 and older, but not blind or visually impaired, in B5a. Enter the FTE of employees who are

ages 55 and older, but not blind or visually impaired, in B5b. (To calculate B5b, add the total number of hours worked by employees who are ages 55 and older, but not blind or visually impaired, and divide by 2080 to arrive at the FTE)

### **C. Volunteers**

C1. Enter the FTE of program volunteers in C1. (To calculate C1, add the total number of hours worked by all program volunteers and divide by 2080 to arrive at the FTE).

## **Part III: Data on Individuals Served — Instructions**

Provide data in all categories on program participants who received one or more services during the fiscal year being reported.

### **A. Individuals Served**

A1. Enter the number of program participants carried over from the previous federal fiscal year who received services in this reported FY (e.g. someone received services in September (or any other month) of the previous FY and continued to receive additional services in the reported FY).

A2. Enter the number of program participants who began receiving services during the reported fiscal year irrespective of whether they have completed all services.

A3. Enter the total number served during the reported fiscal year ( $A1 + A2$ ).

### **B. Age**

B1-B10. Enter the total number of program participants served in each respective age category.

B11. Enter the sum of B1 through B10. This must agree with A3.

### **C. Gender**

C1. Enter the total number of females receiving services.

C2. Enter the total number of males receiving services.

C3. Enter the sum of C1 and C2. This must agree with A3.

### **D. Race/Ethnicity**

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D1. Enter the number of individuals served who are Hispanic/Latino of any race or Hispanic/Latino only. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D2. Enter the number of individuals served who are American Indian or Alaska Native. American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

D3. Enter the number of individuals served who are Asian. Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent

including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

D4. Enter the number of individuals served who are Black or African American. Black or African American means a person having origins in any of the black racial groups of Africa. Terms such as “Haitian” may be used.

D5. Enter the number of individuals served who are Native Hawaiian or Other Pacific Islander. Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

D6. Enter the number of individuals served who are White or Caucasian. White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

D7. Enter the number of individuals served who report two or more races but who are not Hispanic/Latino of any race.

D8. Enter “race and ethnicity unknown” only if the consumer refuses to identify race and ethnicity.

D9. Enter the total of D1 through D8. This number must agree with A3.

#### **E. Degree of Visual Impairment**

E1. Enter the number of individuals served who are totally blind (e.g. have light perception only or no light perception).

E2. Enter the number of individuals served who are legally blind (excluding those recorded in E1).

E3. Enter the number of individuals served who have severe visual impairment.

E4. Add  $E1 + E2 + E3$  and enter the total. This number must agree with A3.

#### **F. Major Cause of Visual Impairment**

(Please note that the primary site for the definitions of diseases is <http://www.nia.nih.gov/AboutNIA/StrategicPlan/ResearchGoalA/Subgoal1.htm>.)

Enter only one major cause of visual impairment for each individual served.

F1. Enter the number of individuals served who have macular degeneration as the major cause of visual impairment. Age-related macular degeneration (AMD) is a progressive disease of the retina wherein the light-sensing cells in the central area of vision (the macula) stop working and eventually die. The cause of the disease is thought to be a combination of genetic and environmental factors, and

It is most common in people who are age 60 and over. AMD is the leading cause of legal blindness in senior citizens.

F2. Enter the number of individuals served who have diabetic retinopathy as the major cause of visual impairment. Diabetic retinopathy is the leading cause of new cases of legal blindness among working-age Americans and is caused by damage to the small blood vessels in the retina. It is believed that poorly controlled blood sugar levels are related to its progression. Most

persons with diabetes have non-insulin-dependent diabetes mellitus (NIDDM) or what is commonly called “adult-onset” or Type II diabetes, and control their blood sugar with oral medications or diet alone. Others have insulin-dependent diabetes mellitus (IDDM), also called “younger or juvenile-onset” or Type I diabetes, and must use insulin injections daily to regulate their blood sugar levels.

F3. Enter the number of individuals served who have glaucoma as the major cause of visual impairment. Glaucoma is a group of eye diseases causing optic nerve damage that involves mechanical compression or decreased blood flow. It is permanent and is a leading cause of blindness in the world, especially in older people.

F4. Enter the number of individuals served who have cataracts as the major cause of visual impairment. A cataract is a clouding of the natural lens of the eye resulting in blurred vision, sensitivity to light and glare, distortion, and dimming of colors. Cataracts are usually a natural aging process in the eye (although they may be congenital) and may be caused or accelerated by other diseases such as glaucoma and diabetes.

F5. Enter the number of individuals served who have any other major cause of visual impairment.

F6. Enter the sum of F1 through F5. This number must agree with A3.

#### **G. Other Age-Related Impairments**

Enter the total number of individuals served in each category. Individuals may report one or more non-visual impairments/conditions. The National Institute on Aging (NIA) Strategic Plan identifies age-related diseases, disorders, and disability including the following categories.

G1. Hearing Impairment: Presbycusis is the gradual hearing loss that occurs with aging. An estimated one-third of Americans over 60 and one-half of those over 85 have some degree of hearing loss. Hearing impairment occurs when there is a problem with or damage to one or more parts of the ear, and may be a conductive hearing loss (outer or middle ear) or a sensorineural hearing loss (inner ear) or a combination. The degree of hearing impairment can vary widely from person to person. Some people have partial hearing loss, meaning that the

Ear can pick up some sounds; others have complete hearing loss, meaning that the ear cannot hear at all. One or both ears may be affected, and the impairment may be worse in one ear than in the other.

G2. Diabetes: Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Type 2 diabetes, which results from insulin resistance and abnormal insulin action, is most prevalent in the older population. Diabetes complications, such as heart disease and loss of sight, increase dramatically when blood sugar is poorly controlled and often develop before diabetes is diagnosed.

G3. Cardiovascular Disease and Strokes: Diseases of the heart and blood vessels are the leading cause of hospitalization and death in older Americans. Congestive heart failure is the most common diagnosis in hospitalized patients aged 65 and older.

G4. Cancer: The second leading cause of death among the elderly is cancer, with individuals age 65 and over accounting for 70 percent of cancer mortality in the United States. Breast, prostate, and colon cancers, are common in older people.

G5. Bone, Muscle, Skin, Joint, and Movement Disorders: Osteoporosis (loss of mass and quality of bones), osteoarthritis (inflammation and deterioration of joints), and sarcopenia (age-related loss of skeletal muscle mass and strength) contribute to frailty and injury in millions of older people. Also contributing to loss of mobility and independence are changes in the central nervous system that control movement. Cells may die or become dysfunctional with age, as in Parkinson's disease. Therefore, older people may have difficulty with gross motor behavior, such as moving around in the environment, or with fine motor skills, such as writing.

G6. Alzheimer's Disease/Cognitive Impairment: Alzheimer's disease is the most common type of dementia (a brain disorder that significantly affects an individual's ability to carry out daily life activities) in older people. It and other cognitive impairments impact parts of the brain that control thought, memory, and language.

G7. Depression is widespread, often undiagnosed, and often under-treated in the elderly. It is believed to affect more than 6.5 million of the 35 million Americans who are 65 or older. Depression is closely associated with dependency and disability. Symptoms may include: loss of interest in normally pleasurable activities, persistent, vague or unexplained somatic complaints, memory complaints, change in weight, sleeping disorder, irritability or demanding behavior, lack of attention to personal care, difficulty with concentration, social withdrawal, change in appetite, confusion, delusions or hallucinations, feeling of worthlessness or hopelessness, and thought about suicide.

G8. Other Major Geriatric Concerns: Several conditions can compromise independence and quality of life in older persons including weakness and falls, urinary incontinence, benign prostatic hyperplasia, and co morbidity (co morbidity describes the effect of all other diseases an individual might have on the primary disease).

#### **H. Type of Residence**

H1. Enter the number of individuals served who live in private residence (house or apartment unrelated to senior living).

H2. Enter the number of Individuals served who live in senior living/retirement community (e.g. housing designed for those age 55 and older).

H3. Enter the number of individuals served who live in assisted living facility (e.g. housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry).

H4. Enter the number of individuals served who live in nursing homes/long-term care facility (e.g. any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis).

H5. Enter the number of individuals served who are homeless

H6. Enter the sum of H1, H2, H3, H4 and H5. This number must agree with A3.



## **I. Source of Referral**

- I1. Enter the number of individuals served referred by an ophthalmologist or optometrist.
- I2. Enter the number of individuals served referred by a medical provider other than an ophthalmologist or optometrist.
- I3. Enter the number of individuals served referred by a state vocational rehabilitation agency.
- I4. Enter the number of individuals served referred by a government or social services agency defined as a public or private agency which provides assistance to consumers related to eligibility and securing entitlements and benefits, counseling, elder law services, assistance with housing, etc.
- I5. Enter the number of individuals served referred by the Veterans Administration
- I6. Enter the number of individuals served referred by a senior program defined as a community-based educational, recreational, or socialization program operated by a senior center, nutrition site, or senior club.
- I7. Enter the number of individuals served referred by an assisted living facility defined as housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry.
- I8. Enter the number of individuals served referred by a nursing home/long-term care facility defined as any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis.
- I9. Enter the number of individuals served referred by a faith-based (religious affiliated) organization.
- I10. Enter the number of individuals served referred by an independent living center (ILC) defined as a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities, and provides an array of independent living services.
- I11. Enter the number of individuals referred by a family member or friend.
- I12. Enter the number of individuals who were self-referred.
- I13. Enter the number of individuals referred from all other sources aside from those listed above.
- I14. Enter the sum of I1, I2, I3, I4, I5, I6, I7, I8, I9, I10, I11, I12, and I13. This number must agree with A3

## **Part IV: Types of Services Provided and Resources Allocated — Instructions**

Please note: Total expenditures and encumbrances for direct program services in Part I C must equal the total funds spent on services in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

In addition, salary or costs associated with direct service staff or contractors providing

direct services should be included in the cost of services provided in A, B, C, and D.

#### **A. Clinical / Functional Vision Assessments and Services**

A1. Enter the total cost from Title VII-Chapter 2 federal grant funds (A1a) and the total cost from all other sources of program funding (A1b) for clinical and/or functional vision assessments and services, whether purchased or provided directly.

A2. Enter the total number of program participants who received clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists or optometrists, and who received functional vision assessments or low vision evaluations to identify strategies for enhancing visual performance both without and with optical and low vision devices and equipment. Assessment areas may include functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment. These assessments are typically provided by skilled professionals or those who are certified or have a master's degree in low vision rehabilitation. Do not include evaluations for orientation and mobility. These should be included in C3.

A3. Enter the total number of program participants who received surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and, hospitalizations related to such services. Include *prescription* optics in this service category. Nonprescription optics should be reported in B2.

#### **B. Assistive Technology Devices, Aids, Services and Training**

B1. Enter the total cost from Title VII-Chapter 2 federal grant funds (B1a) and the total cost from all other sources of program funding (B1b) for the provision of assistive technology devices, aids, services and training.

B2. Enter the total number of program participants who received one or more assistive technology devices and aids. As defined in Section 3(4) of the Assistive Technology Act of 2004 (Pub. L. 108-364), "assistive technology device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." Assistive technology devices may include such items as canes, slates, insulin gauges, CCTVs, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, Brailers, large button telephones, etc.

B3. Enter the total number of program participants who received one or more assistive technology services and training. As defined in Section 3(5) of the Assistive Technology Act of 2004 (PL 108-364), "assistive technology service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device." Services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, costs of loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision therapy services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.

#### **C. Independent Living and Adjustment Training and Services**

C1. Enter the total cost from Title VII-Chapter 2 federal grant funds (C1a) and the total cost from all other sources of program funding (C1b) for the provision of services and adjustment training leading to independent living. Evaluation and assessment services (excluding those included in A2 or B3) leading to the planning and implementation of services and training should be included in these costs.

C2. Enter the total number of individuals who received orientation and mobility (O & M) services or travel training (i.e. learning to access public or private transportation and to travel safely and as independently as possible in the home and community with or without the use of mobility aids and devices).

C3. Enter the total number of individuals who received communication skills training (e.g. reading and writing Braille, keyboarding and computer literacy, computer skills training, using the telephone, handwriting guides, telling time, using readers, use of audio and tactile technologies for home, recreational or educational use; etc.). Training in the use of newspaper reading services and radio services should be included.

C4. Enter the total number of individuals who received personal management and daily living skills training (e.g. training in the use of adaptive aids and assistive technology devices for personal management and daily living, blindness and low vision alternative techniques for food preparation, grooming and dress, household chores, medical management, shopping, recreational activities, etc.)

C5. Enter the total number of individuals who received supportive services (e.g. reader services, transportation, personal attendant services, support service providers, interpreters, etc.) while actively participating in the program or attaining independent living goals.

C6. Enter the total number of program participants who participated in advocacy training or support network activities such as consumer organization meetings, peer support groups, etc.

C7. Enter the total number of individuals who received counseling (peer, individual or group) to assist them in adjusting to visual impairment and blindness.

C8. Enter the total number of program participants that received information and referral to other service providers, programs, and agencies (e.g. senior programs, public and private social service programs, faith-based organizations, consumer groups, etc.) to enhance adjustment, independent living, and integration into the community. Do not include individuals who received *only* information and referral and for whom no other services were provided.

C9. Enter the total number of individuals served who were provided any other service not listed above.

#### **D. Community Awareness Activities / Information and Referral**

D1. Enter the total cost from Title VII-Chapter 2 federal grant funds (D1a) and the total cost from all other sources of program funding (D1b) for providing information and referral services and community awareness activities/events to individuals for whom this was the only service provided (i.e. training for other professionals, telephone inquiries, general inquiries, etc.).

D2. Enter the number of individuals receiving information and referral services for whom this is the only service provided. (optional)

D3. Enter the number of community awareness events/activities in which the Chapter 2 program participated during the reported year (D3a) and the number or estimated number of individuals who benefited from these activities (D3b).

### **Part V: Comparison of Prior Year Activities to Current Reported Year — Instructions**

A1. Program Expenditures and Encumbrances (all sources) Enter the total cost of the program for the prior fiscal year (A1a), and the fiscal year being reported (A1b). The total cost of the program can be found in Part I A7. Calculate the change (plus or minus) from the prior year to the reported year (A1c).

A2. Number of Individuals Served Enter the total number of eligible individuals served in the prior year (A2a), and in the current reported year (A2b). The total number of individuals served can be found in Part III A3. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A2c).

A3. Number of Minority Individuals Served Enter the total number of minority individuals served in the prior year (A3a), and in the fiscal year currently being reported (A3b). The total number of minority individuals served is the total of Part III D1+D2+D3+D4+D5 +D7. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A3c).

A4. Number of Community Awareness Activities Enter the number of community awareness activities or events in which the Chapter 2 program participated during the prior year (A4a), and in the fiscal year currently being reported (A4b). The number of community awareness activities is found in Part IV D3a. Calculate the change (plus or minus) in the number of events from the prior year to the year being reported (A4c).

A5. Number of Collaborating Agencies and Organizations Enter the number of collaborating organizations or agencies (formal agreements or informal activity) other than Chapter 2 paid sub-grantees or contractors in the prior year (A5a), and in the fiscal year currently being reported (A5b). Calculate the change (plus or minus) from the prior year to the year being reported (A5c).

A6. Number of Sub-grantees/Contractors If you provide services through sub-grantee agencies or contract, enter the number of sub-grantees or contracts in the prior year (A6a), and in the fiscal year currently being reported (A6b). Calculate the change (plus or minus) from the prior year to the year being reported (A6c). If you do not use sub-grantees, enter 0 in A6a, A6b, and A6c.

### **Part VI: Program Outcomes/Performance Measures — Instructions**

A. Enter the number from Part IV B3 in A1. From available program data and evaluations, enter the number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss in A2. (closed/inactive cases only).

In A3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

B. Enter the number from Part IV C2 in B1. From available program data and evaluations, of those receiving orientation and mobility (O & M) services, enter the number of individuals who

experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services in B2 (closed/inactive cases only).

In B3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

C. Enter the number from Part IV C3 in C1. From available program data and evaluations, of those receiving communication skills training, enter the number of individuals who gained or maintained their functional abilities as a result of services they received in C2 (Closed/inactive cases only).

In C3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

D. Enter the number from Part IV C4 in D1. From available program data and evaluations, of those receiving daily living skills training, enter the number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills In D2 (Closed/inactive cases only).

In D3, enter the Number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss (Closed/inactive cases only). "Change in lifestyle" is defined as any non-vision related event that results in the consumer's reduced independence, such as moving from a private residence (house or apartment) to another type of residence e.g. living with family, senior living community, assisted living facility, nursing home/long-term facility, etc. Reduced independence could also result in employing a caregiver to enable the consumer continue to live in his/her home. Examples of events that could result in reduced independence of the consumer include loss of spouse and onset or worsening of other health conditions such as diabetes, cancer, heart disease, etc.

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received (Closed/inactive cases only).

### **Part VII: Training and Technical Assistance — Instructions**

On July 22, 2014, Public Law 113-128, the Workforce Innovation and Opportunity Act (WIOA) was enacted and included a new requirement under Section 751A that the RSA Commissioner shall conduct a survey of designated State agencies that receive grants under section 752 regarding training and technical assistance needs in order to determine funding priorities for such training and technical assistance. Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Independent Living Services for Older Individuals Who Are Blind grant (for example, financial management, reporting requirements on the 7-OB, program management, data analysis and program performance, law and applicable regulations, provision of services and service delivery, promising practices, resources and information, outreach, etc.).

### **Part VIII: Narrative — Instructions**

Self-explanatory.

### **Part IX: Signature Instructions**

Please sign and print the name, title and telephone number of the IL-OIB Program Director.

### **Part I: Funding Sources And Expenditures**

Title VII-Chapter 2 Federal grant award for reported fiscal year	598,283
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Other federal grant award for reported fiscal year	0
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Title VII-Chapter 2 carryover from previous year	163,402
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Other federal grant carryover from previous year	0
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#### **A. Funding Sources for Expenditures in Reported FY**

A1. Title VII-Chapter 2	687,705
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A2. Total other federal	0
(a) Title VII-Chapter 1-Part B	0
(b) SSA reimbursement	0
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	0
A3. State (excluding in-kind)	37,502
A4. Third party	0
A5. In-kind	0
A6. Total Matching Funds	37,502
A7. Total All Funds Expended	725,207
B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	258,134

C. Total expenditures and encumbrances for direct program services

467,073



## Part II: Staffing

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

### A. Full-time Equivalent (FTE)

Program Staff	a) Administrative and Support	b) Direct Service	c) Total
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1. FTE State Agency	2.0000	3.2800	5.2800
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2. FTE Contractors	0.5000	0.0000	0.5000
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3. Total FTE	2.5000	3.2800	5.7800
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## **B. Employed or advanced in employment**

**a) Number employed b) FTE**

1. Employees with Disabilities	6	6.0000
2. Employees with Blindness Age 55 and Older	9	9.0000
3. Employees who are Racial/Ethnic Minorities	10	10.0000
4. Employees who are Women	35	35.0000
5. Employees Age 55 and Older	15	15.0000

**C. Volunteers**

C1. FTE program volunteers (number of volunteer hours divided by 2080) 0.00

### **Part III: Data on Individuals Served**

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

#### **A. Individuals Served**

1. Number of individuals who began receiving services in the previous FY and continued to receive services in 511 the reported FY

2. Number of individuals who began receiving services in the reported FY 746

3. Total individuals served during the reported fiscal year (A1 + A2) 1,257

**B. Age**

1. 55-59 133

2. 60-64 120

3. 65-69 114

4. 70-74 129

5. 75-79 151

6. 80-84 208

7. 85-89 214

8. 90-94 137

9. 95-99 50

10. 100 & over 1

11. Total (must agree with A3) 1,257

### **C. Gender**

1. Female	840
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2. Male	417
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3. Total (must agree with A3)	1,257
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## D. Race/Ethnicity

1. Hispanic/Latino of any race	14	<i>For individuals who are non-Hispanic/Latino only</i>
2. American Indian or Alaska Native	3	
3. Asian	6	
4. Black or African American	155	
5. Native Hawaiian or Other Pacific Islander	0	
6. White	1,075	
7. Two or more races	2	
8. Race and ethnicity unknown (only if consumer refuses to identify)	2	
9. Total (must agree with A3)	1,257	

## **E. Degree of Visual Impairment**

1. Totally Blind (LP only or NLP)	81
2. Legally Blind (excluding totally blind)	890
3. Severe Visual Impairment	286
4. Total (must agree with A3)	1,257



## **F. Major Cause of Visual Impairment**

1. Macular Degeneration	691
2. Diabetic Retinopathy	104
3. Glaucoma	176
4. Cataracts	22
5. Other	264
6. Total (must agree with A3)	1,257

## **G. Other Age-Related Impairments**

1. Hearing Impairment	388
2. Diabetes	408
3. Cardiovascular Disease and Strokes	754
4. Cancer	142
5. Bone, Muscle, Skin, Joint, and Movement Disorders	798
6. Alzheimer's Disease/Cognitive Impairment	67
7. Depression/Mood Disorder	225
8. Other Major Geriatric Concerns	288

## **H. Type of Residence**

1. Private residence (house or apartment)	995
2. Senior Living/Retirement Community	115
3. Assisted Living Facility	67
4. Nursing Home/Long-term Care facility	76
5. Homeless	4
6. Total (must agree with A3)	1,257

## **I. Source of Referral**

1. Eye care provider (ophthalmologist, optometrist)	227
2. Physician/medical provider	88
3. State VR agency	13
4. Government or Social Service Agency	128
5. Veterans Administration	32
6. Senior Center	29
7. Assisted Living Facility	19
8. Nursing Home/Long-term Care facility	38
9. Faith-based organization	6
10. Independent Living center	78
11. Family member or friend	339
12. Self-referral	150

13. Other	110
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14. Total (must agree with A3)	1,257
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## **Part IV: Types of Services Provided and Resources Allocated**

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

### **A. Clinical/functional vision assessments and services**

	<b>Cost</b>	<b>Persons Served</b>
1a. Total Cost from VII-2 funds	1,039	
1b. Total Cost from other funds	0	
2. Vision screening / vision examination / low vision evaluation		1,175
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		5

**B. Assistive technology devices and services**

	<b>Cost</b>	<b>Persons Served</b>
1a. Total Cost from VII-2 funds	424,980	
1b. Total Cost from other funds	0	
2. Provision of assistive technology devices and aids		1,207
3. Provision of assistive technology services		1,124

### **C. Independent living and adjustment training and services**

	<b>Cost</b>	<b>Persons Served</b>
1a. Total Cost from VII-2 funds	3,551	
1b. Total Cost from other funds	0	
2. Orientation and Mobility training	448	
3. Communication skills	1,144	
4. Daily living skills	1,024	
5. Supportive services (reader services, transportation, personal	45	
6. Advocacy training and support networks	623	
7. Counseling (peer, individual and group)	1,146	
8. Information, referral and community integration	1,047	
. Other IL services	707	



## **D. Community Awareness: Events & Activities**

	<b>Cost a. Events / Activities b. Persons Served</b>	
1a. Total Cost from VII-2 funds	0	
1b. Total Cost from other funds	0	
2. Information and Referral		132
3. Community Awareness: Events/Activities	95	42

## **Part V: Comparison of Prior Year Activities to Current Reported Year**

### **A. Activity**

	<b>a) Prior Year</b>	<b>b) Reported FY</b>	<b>c) Change ( + / - )</b>
1. Program Cost (all sources)	667,590	725,207	57,617
2. Number of Individuals Served	1,179	1,257	78
3. Number of Minority Individuals Served	166	180	14
4. Number of Community Awareness Activities	95	95	0
5. Number of Collaborating agencies and organizations	75	75	0
6. Number of Sub-grantees	0	0	

## Part VI: Program Outcomes/Performance Measures

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	1,124	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	619	55.07%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	398	35.41%
B1. Number of individuals who received orientation and mobility (O & M) services	448	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	217	48.44%
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	173	38.62%
C1. Number of individuals who received communication skills training	1,144	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	632	55.24%

C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	433	37.85%
D1. Number of individuals who received daily living skills training	1,024	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	573	55.96%
D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	367	35.84%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	648	n/a
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	22	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	0	n/a
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	22	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	48	n/a

## **Part VII: Training and Technical Assistance Needs**

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

Any training that is needed by Missouri Rehabilitation Services for the Blind's Older Blind Services Program staff is provided in-house as the need arises. Therefore, there is no additional training or technical assistance required at this time.

## **Part VIII: Narrative**

A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

Missouri Rehabilitation Services for the Blind/Older Blind Services Program (RSB/OBS) continues to use the In-House Model to provide independent living services to its older individuals who are blind or visually impaired. Rehabilitation teaching staff, based in each of RSB's six district offices, is responsible for the provision of IL services to Missouri's seniors who are eligible for services. The essential objective of this program is to help meet the needs of the older blind population by enabling them to retain or regain the ability to function independently in their homes and communities. Training in the necessary life skills of personal and home management, daily living activities, written communication techniques (Braille), low vision training, and orientation and mobility instructions have allowed greater or complete independence in these areas. Low vision aids and appliances, peer support, peer counseling, advocacy skills and mentoring services have been provided on an individual and group basis. Our program activities address the needs of our seniors through direct client and group services in the individuals' own homes and communities. Services are provided in an itinerant model by rehabilitation teachers and orientation and mobility specialists, the majority of who are blind or severely visually impaired. This style of service delivery underscores the ability of individuals with visual impairment because seniors who are blind or visually impaired are able to observe the independence and ability of others with visual loss. RSB/OBS staff is committed to promoting the participation of minority individuals and groups in all aspects of independent living services. Our primary commitment is to provide services to a broader range of culturally diverse communities in both urban and rural geographic areas of Missouri. To accomplish this goal, we have used several outreach activities; particularly town meetings. The meetings are used to educate the public on the various age-related eye diseases and informed them of the services available to individuals who are experiencing vision loss. The goal is to establish an opportunity for the public to learn about blindness and dispel myths and misconceptions that inhibit the success of individuals who are blind or visually impaired. Another significant outreach activity that continues to be remarkably effective is our low vision resource centers. Through these centers, magnifiers, writing guides, low vision pens, and bold line paper are provided to seniors who are visually impaired to use at the facility or try them out in their home where they can work in their own environment. Likewise, the centers are utilized to increase public awareness and knowledge about blindness and its causes, because through them, materials on age-related eye diseases are disseminated. The centers are located in different facilities that are frequented by seniors including facilities that serve minority populations. To publicize the centers, the establishments housing them have utilized newspapers, radio and television stations within their communities to promote this service. As a result, hundreds of seniors who are experiencing vision loss were served through these centers. Many of them were referred to the Older Blind Program for IL services. Other outreach activities utilized by OBS Program staff in its efforts to reach Missouri's seniors include the events listed below: 1. Dissemination of OBS marketing materials. This was done with the assistance of senior centers, nutrition sites, home healthcare organizations, and other aging networks. 2. RSB/OBS staff also participated in the Black Health Care Coalition which sponsors many health fairs throughout the state. 3. Senior health fairs of all cultures and in all geographic areas 4. Senior network meetings which meets monthly to network

and discuss services that could benefit seniors. It is comprised of organizations and businesses that cater to persons who are age 55 or older. 5. Collaboration with the Macklind International Senior Center where several ethnic minority groups meet for educational and recreational activities. Four town hall meetings and four glaucoma screenings were conducted for four groups. The Napali group, Albanian, Chinese, and the Basnian group. Over 150 seniors participated in these meetings. As a result, several referrals were made to the Older Blind Program. The number of minorities who were served by the Older Blind Program in 2017 underscores the success of these outreach activities. According to the 2016 Missouri Census, the estimated number for people age 55 and above is 1,793,781. Of those, 87.80% are White, 8.88% African American, 1.59% Hispanic, 1.24% Asian or other Pacific Islander, and 0.49% American Indian or Alaska Native. In 2017, Missouri's Older Blind Program served 1,257 seniors. Of those, 85.52% were White, 12.33% African American, 0.011% Hispanic, 0.06% Asian, three American Indian, two individuals indicated two or more races, and two reported other race. These data indicate that the program is serving a proportionate number of people from minority race/ethnic groups.

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

There were no new methods or approaches that were developed by the program that were incorporated into the State Plan for Independent Living during the last fiscal year. However, RSB continues to work with the State Independent Living Council and other interested parties on expanding independent living services to older individuals who are blind or visually impaired. Additionally, the Older Blind Program staff work tirelessly on the development and expansion of services in order to make them accessible to the blind or visually impaired seniors of this state. Similarly, we remain steadfast with our pursuit of partnerships and collaborations with agencies/organizations within the aging network and the disability communities. The OBS staff collaborates with the independent living centers to educate communities they serve and assist in developing programs in areas that are highly populated with minorities, including people with disabilities. A priority of the OBS Program along with our partners is to ensure full implementation of the Older Blind Program objectives. These agencies have a collaborative commitment to locate, assist, and/or refer individuals with visual impairments who are in need of vision-related services to our program. Furthermore, there is commitment to locate and assist individuals who are blind or visually impaired who are at risk of going into nursing homes or other facilities but who are able and desirous of remaining in a more integrated community setting. As a result, we have made great strides since the inception of the Older Blind Program both in the availability of vision-related services to Missouri's seniors and in the education of the general public about their existence. OBS Program staff work with senior centers, nutrition sites, public libraries, Wolfner Talking Book and Braille Library, independent living centers, Department of Health and Senior Services, and other entities who work with Missouri's seniors to help expand services to the communities they serve. This is accomplished through the low vision resource centers placed at their facilities, town meetings, health fairs, and sensitivity trainings that our staff conducts on a regular basis. All of our collaborative activities provide the opportunity to share information with other service delivery agencies/organizations and reach seniors who are in need of our services. Each of these efforts is creatively different in its method of delivery, yet they all contribute to the same service delivery goal; that is, to help program

participants retain or regain their ability to function independently in their home and/or communities.

C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

A Program Participant Survey was conducted by mail in FY 2017 by our Older Blind Service Program staff to determine how clients experienced the independent living skills training they received and to gather outcome data about their perceptions of the extent to which the services and adaptive devices they learned and received enhanced their level of independent functioning in various areas. The survey consisted of questions in the following categories: Three questions addressing consumer perception of the manner in which services were provided; 11 questions on outcomes of services provided; and 16 questions regarding consumer demographics. This survey was designed to allow the RSB administrative team to acquire outcome data to report to RSA plus some additional data that would be useful in program analysis and planning. Missouri's Older Blind Program mailed 660 surveys to consumers whose cases were closed in FY 2017. 294 consumers completed and returned the surveys to RSB Older Blind staff with a response rate of 44%. Overall results of the Program Participant Survey data were very favorable. A majority of consumers reported positive levels of satisfaction with perceived outcomes of the services they received. Manner in which Services Were Provided There was a high level of satisfaction related to RSB staff's ability to provide services on a timely basis (98%), express concern for consumers (98%), and the overall quality of the services provided (97%). There was no data representing significant dissatisfaction recorded in this category. These high levels of satisfaction speak well of the RSB Older Blind Program staff. Consumer Perceptions of Outcomes Using a Likert scale rating, survey respondents were asked to rate their perceptions of their abilities because of participation in the program. The questions were designed to elicit responses on a 4-point scale. The following results do not include those who did not respond to the question.. The outcome section of the survey reveals several areas of good indication that some of their priority outcomes were met. Respondents indicated high levels of agreement that they were less dependent on others (77%), that they felt more in control and confident to maintain their independence (84%), and that they were better able to participate in life's activities independently (74%). These levels of satisfaction are especially significant considering the average age of respondents is 80 many of whom have co-morbidities. (The youngest consumer served was age 55 and the oldest was 100). The outcome data for specific skill areas varied somewhat. For example 74% reported being better able to travel and move independently, an extremely important outcome of the program; 46% reported they were better at managing their household cleaning, 78% were better able to access reading materials; 54% felt they were better able to prepare meals and 62% were better able to manage their paperwork. This is a complex skill area related to writing skills which can be very difficult for individuals with macular degeneration due to their central field loss and an area which often requires more time to improve upon after the case is closed. Furthermore, 74% indicated that they were better able to participate in the life and activities of their family, friends, and/or community, and 67% reported that they have regained or improved functional abilities that were previously lost or diminished as a result of vision loss after they received assistive technology (AT) services and/or training. It should be noted that while these percentages represent positive outcomes for the majority of respondents, the comments sections for many of these skill areas include statements about someone else still doing the task for them. Also, in some cases, the consumer may not have included some of these skills in their



Independent Living Plan. Demographics The demographics section indicated 68% of the respondents were female and 32% male. As for their living arrangements, 46% live alone, 33% live with their spouse, and 21% live with others, which may include family members, assistive living, or nursing homes. Since 94% of the respondents were Caucasian, 62% reported macular degeneration as their cause of vision loss. It is to be noted that the majority of cases of macular degeneration are seen among Caucasians. Only 4% identified themselves as Black; 1% as American Indian/Alaskan Native; 0% Native Hawaiian or Other Pacific Islander; and less than 1% as Hispanic or Latino. With regard to race/ethnicity, during the 2017 focus group, we discussed the minority populations they were serving. Some of the staff reported that they have a significant African-American and Hispanic populations, in their district. They indicated that they were conducting some outreach to these populations in their area but were challenged to identify the best strategies to reach more seniors in these communities. Missouri is committed to identifying pockets of minority groups, especially new immigrant populations and developing effective outreach strategies to ensure they are responsive to the services we have to offer. In addition to the 62% who reported having macular degeneration; 12% reported having glaucoma; 7% diabetic retinopathy; 5% cataracts and 14% checked "other." Of the 58% reporting a hearing loss, 29% rated their hearing loss at mild; 45% as moderate, and 26% stated their hearing loss was severe. 65% indicated their vision had worsened since services were initiated, 4% indicated that their vision had improved, and 31% reported no change. Seven percent of survey respondents stated their overall health improved in the last year; 40% stated it declined and 53% saw no change in their overall health. Only 14% had considered moving into a nursing home before they received vision rehabilitation services. This is a good sign that home and community based long term care services are helping people "age in place" and 86% felt that the vision-related services they received helped them remain in their own homes and age in place. Clients were asked, "What was the greatest difference this program made in your life?" The comments shown below are a testament to the success of this Program. 1. Equipment that helps me stay abreast of current affairs, books etc. 2. I was very depressed, but with the help of the young lady she helped me on that. 3. The magnifiers helped with reading and the help around the house and travel have been a great thing to help with my life. 4. I feel like the books on tape have made a big difference in my life and have made my life more fulfilled with enjoyment. I can relax and enjoy favorite books of mine. Thank you! 5. Able to read instructions and labels. 6. Better confidence and solutions to everyday problems. 7. The availability in providing me things I needed to engage 8. Receiving the PBS radio and the tape reader is the greatest difference; before reading material was unavailable. With the book reader and news radio I am able to read again. 9. It helped me to understand I'm not the only one going through this and also I am not alone. There's help for me and I appreciate all you've helped me with. 10. I was so impressed by the 2 gentlemen explaining everything & making equipment to see while reading 11. More confident and introduced me to tools to make my life better. Audio book Sherrie Sheen especially nice since I am an avid reader. 12. Being able to get around better by myself. 13. It is a wonderful feeling to know and learn about the different types of services available to help me. Nicole was a great help. 14. Interaction with other visually impaired people which has made me more self-confident with my disability. Overall this summary represents the positive impact the Missouri Older Blind Program is having on its consumers. The survey is designed to cover all services offered and not all older consumers are interested in every service which is reflected in the data.

D. Briefly describe the impact of the Title VII-Chapter 2 program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).

Missouri's Older Blind Program has been providing essential blindness, advocacy, peer support, mentoring, restorative, low vision and independent living services to the state's blind and severely visually impaired seniors. In 2017, 1,257 seniors have received IL services and as a result, their quality of life has been improved considerably. The essential objective of this program helps meet the needs of the older blind population by enabling them to retain or regain the ability to function independently in their homes and communities. Training in the necessary life skills of personal and home management, daily living activities, written communication techniques, homemaking and orientation and mobility has allowed greater or complete independence in these areas. Low vision aids and appliances, peer support, peer counseling and mentoring is provided on an individual and group basis. In the past year, 648 seniors met their planned goals and as a result were successfully rehabilitated. The two cases discussed below demonstrate the impact of the grant on Missouri's seniors who are blind or visually impaired, where services contributed significantly to increasing independence and quality of life for them.

Case One To insure confidentiality, the client in this case will be referred to as Mrs. W. Mrs. W is 93 years-old, Caucasian, and lives alone in her private home. She has been visually impaired for some time and received services from us last fiscal year for the first time. She was referred to the Older Blind Program for services by her eye doctor on May 24 2016. Mrs. W was very much interested in remaining in her home and believed that with training from one of our rehabilitation teachers, she could continue to live independently. Cause of her vision loss is Macular Degeneration. On June 2nd, she was visited by one of the rehabilitation teachers for the initial interview. On that date, the client signed an application and was determined eligible for services. In addition to her vision loss, Mrs. W has Diabetes, Bone, Muscle, Skin, Joint, and Movement Disorders, and Other Major Geriatric Concerns. During the initial interview, she was provided with RSB brochures, CAP brochure and an explanation on her rights to appeal, and HIPAA information. The materials were provided in large print. Functional and low vision assessments were conducted during that visit and needed services were determined and provided. The functional assessment indicated that the client required the following services: Orientation and Mobility, low vision training, writing skills training, meal preparation, personal management training, and telling time independently. The low vision assessment revealed that Mrs. W would benefit from a 5X LED handheld magnifier, a lap desk to use with her low vision aids, and Noir sun glasses to assist with her glare problems. These aids were purchased and provided to the client. Other services provided included: Referral information and community integration, adjustment to blindness counseling, assistive technology training, advocacy services, and helped her prepare for emergencies in case of a disaster risk or threat. Other equipment she received included: bold line paper, 20/20 pens, signature and check writing guides, talking watch, a talking alarm clock, a talking thermometer, and bump dots for marking appliances. Mrs. W completed her Independent Living Plan and her case was closed successfully rehabilitated on February 2, 2017.

Case Two Case two will be referred to as Mrs. S in order to maintain confidentiality. Mrs. S is a 100 year-old white woman who lives alone in her own home. She is legally blind as a result of Macular Degeneration. At time of referral, her visual acuity was 20/200 in both eyes. She was referred to our agency on June 25, 2015 by her physician because she was experiencing difficulties when performing some daily tasks, such as reading and writing print, telling time, setting dials on her appliances, reading medication labels, balancing her check

book, sewing, and getting around in her community safely. She also had Bone, Muscle, Skin, Joint, and Movement Disorders at time of referral. Mrs. S was visited by one of our rehabilitation teachers on July 13, 2015 to conduct the initial interview. On that day, the client signed an application and was determined eligible for Older Blind Services. During the initial visit, she was provided with OBS and CAP brochures, HIPAA information, and consumer organization literature. In addition, functional and low vision assessments were conducted to identify needed services. The functional assessment revealed that Mrs. A needed training in the following areas. Low vision training, writing skills, personal management, activities of daily living, Home management, orientation and mobility, assistive technology training, Advocacy services, and adjustment to blindness counseling. The low vision assessment showed that the client would benefit from a 3.5X LED magnifier and a Snow Digital magnifier for accessing printed information. A plan was developed and agreed upon by both parties and services were then initiated. In addition to the training, Mrs. S was provided with the following adaptive aids: The magnifiers mentioned above, writing guides, a large print calendar, a large print address book, a talking watch, a talking alarm clock, bump dots for marking appliances, a check register, 20/20 pens, bold line paper, a talking calculator, and a low vision lamp to help improve lighting in her home. Mrs. S thrived and blossomed during the training and learned a lot more than she had anticipated. She reported that the services provided had helped enhance her quality of life and as a result she was able to remain in her own home. On December 14, 2016, after Mrs. S was satisfied that all services she requested were provided, her case was closed as successfully rehabilitated.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

Missouri's Older Blind Program does not have any problems or concerns at this time.

## **Part IX: Signature**

Please sign and print the name, title and telephone number of the IL-OIB Program Director below.

I certify that the data herein reported are statistically accurate to the best of my knowledge.

Signed by Keith Roderick

Title Interim Deputy Director

Telephone 573-751-4249

Date signed 12/27/2017